

DECLARATION AND POWER OF ATTORNEY

Atty. Dkt. No.: 2693-000024/US/NP
Client Ref. No.: 200093 US

DECLARATION

I hereby declare that:

Each inventor's residence, mailing address and citizenship are as stated below next to their name,

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PLATFORM

the specification of which (check one)

is attached hereto.
or
 was filed on 04 May 2006 as United States Application No. 10/578,157 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

| PRIOR FOREIGN APPLICATION(S) | | | PRIORITY CLAIM | |
|------------------------------|---------|------------------|-------------------------------------|--------------------------|
| APPN. SERIAL NO. | COUNTRY | DATE FILED | Yes | No |
| 103 52 716.8 | Germany | 05 November 2003 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY

I hereby appoint each practitioner at Customer No. 27572 of Harness, Dickey & Pierce, P.L.C., my attorneys or agents to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Customer No. 27572, Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

DECLARATION AND POWER OF ATTORNEY

Full name of sole or first Inventor: Peter ERNST

Inventor's signature: X Peter ErnstDate: X 22nd March 2007Residence: Großhesselohe 49, D-10825 Berlin, GermanyCitizenship: GermanyMailing Address: Großhesselohe 49, D-10825 Berlin, Germany

Full name of second joint Inventor, if any: Horst Dieter BECKER

Inventor's signature: X H. D. BeckerDate: X 28. March 2007Residence: Waldstrasse 22, D-72072 Tübingen, GermanyCitizenship: GermanyMailing Address: Waldstrasse 22, D-72072 Tübingen, Germany

Full name of second joint Inventor, if any: Raimund STRATMANN

Inventor's signature: X Raimund StratmannDate: X 27th March 2007Residence: Blockstrasse 6, 72116 Mühlacker, GermanyCitizenship: GermanyMailing Address: Blockstrasse 6, 72116 Mühlacker, Germany

DECLARATION AND POWER OF ATTORNEY

Full name of sole or first inventor: Xaver EINSLE

Inventor's signature: _____

Date: _____

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